

STATE OF MICHIGAN DEPARTMENT OF LABOR & ECONOMIC GROWTH MICHIGAN TAX TRIBUNAL SMALL CLAIMS DIVISION	PRINCIPAL RESIDENCE/ QUALIFIED AGRICULTURAL APPEAL PETITION FORM	DOCKET NUMBER
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Failure to complete this form, including signature, and return it by filing deadline will result in **dismissal**.
If additional space is needed to provide the information requested, please use a separate sheet.

1. Petitioner(s) Name and Address Petitioner's Daytime Phone No. _____	2. Agent or Attorney (if any) Name and Address Agent/Attorney Phone No. _____
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3. Class of property _____ (residential, agricultural, timber cutover, etc)

4. Location of Property: County _____	City _____ OR Township _____	Local School District: _____
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5. Did Petitioner Protest to the Board of Review? ____ Yes ____ No If no, please check applicable reason below:
____ Petitioner is appealing within 35 days of the issuance of Final Notice of Principal Residence Exemption Denial. (**Attach** a copy of the *Final Notice of Denial*.)
____ Petitioner is appealing within 30 days of issuance of Notice of a denial of Qualified Agricultural Exemption Denial. (**Attach** a copy of the *Notice of Denial*.)
____ The Final Notice of Denial was not properly sent to Petitioner. (**Attach** a copy of the *first notice Petitioner received* of the Denial.)

6. Petitioner is appealing: (check applicable box)
____ The denial of the subject property's principal residence exemption.
____ The denial of the subject property's qualified agricultural exemption.

7. Provide the parcel number and tax year for each parcel and for each tax year being appealed.	
Parcel Number	Year

8. Who denied the Exemption being appealed: ____ Dept. of Treasury City of _____ Twp. of _____
County of _____ County Treasurer for County of _____

9. Explain the basis of your appeal in the space provided.

10. Petitioner **is required** to pay a fee for the filing of the appeal. (See cover letter for Fee Schedule.)
Failure to remit a required fee with this Form may result in **dismissal**. **Amount Paid:** _____

11. If **not** using an agent or attorney, Petitioner is required to sign: _____
If using an agent or attorney, only agent or attorney is required to sign: _____

PLEASE RETURN TWO COPIES OF THIS COMPLETED FORM AND ANY ATTACHMENTS to: Michigan Tax Tribunal, PO Box 30232, Lansing, MI 48909
Keep a copy of the Form and any attachments for your records.
The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the American with Disabilities Act, you may make your needs known to this agency.
For information please contact the Tribunal at:
PH: (517) 373-3003 Web Site: www.Michigan.gov/taxtribunal E-mail: taxtrib@Michigan.gov
TT Revised 01/05 1973 PA 186, As Amended